### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION						FOR INSURANCE COMPANY USE			
A1. Building Owner's Name J. CRANE HANSEN #2017-216							per:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.							AIC Number:		
City	201 FARRAR STREET  City State ZIP Code								
WAVELAND				Mississippi		39576			
		d Block Numbers, Tax D WARD, TOWN OF W			scription, etc.)				
A4. Building Use (e	e.g., Resident	ial, Non-Residential, A	ddition,	Accessory, etc.)	Residential				
A5. Latitude/Longit	ude: Lat. 30	-16-38.9 L	.ong. <u>-</u> 8	9-22-41.9	Horizontal Datun	n: NAD 1	927 🗵 NAD 1983		
A6. Attach at least	2 photograph	s of the building if the	Certific	ate is being used to	obtain flood insura	ance.			
A7. Building Diagra	m Number _	6							
A8. For a building v	vith a crawlsp	ace or enclosure(s):							
a) Square foot	age of crawls	pace or enclosure(s)		186 sq ft					
b) Number of p	ermanent flo	od openings in the cra	wlspac	e or enclosure(s) w	thin 1.0 foot above	adjacent gr	ade2		
c) Total net are	ea of flood op	enings in A8.b25	9 s	q in					
d) Engineered	flood opening	gs? 🗌 Yes 🗵 No	)						
A9. For a building v	vith an attach	ed darage:							
25.0		ed garage 0		sa ft					
		od openings in the atta			ot above adjacent	arade	0		
		enings in A9.b		. sq 111					
d) Engineered	flood opening	gs? Yes 🛛 Yes	0						
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	1		
B1. NFIP Communi WAVELAND 28526		ommunity Number		B2. County Name HANCOCK			B3. State Mississippi		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)		
28045C 0344 D 10/16/2009 Revised Date 10/16/2009 AE 20 Flood Depth)							od Beptilly		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  FIS Profile  FIRM  Community Determined  Other/Source:  B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source:									
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No									
Designation Date: CBRS OPA									

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route at 201 FARRAR STREET	Policy Number:		
City State ZIP Code WAVELAND Mississippi 39576	de	Company NAIC Number	
SECTION C - BUILDING ELEVATION INFORMATION	N (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construction Drawings* Building	Under Constru	ction*	
*A new Elevation Certificate will be required when construction of the building is	s complete.		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), Complete Items C2.a–h below according to the building diagram specified in Ite	em A7. In Puerti	AE, AR/A1-A30, AR/AH, AR/AO. o Rico only, enter meters.	
Benchmark Utilized: GPS DERIVED Vertical Datum: NAN	VD 1900		
Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929 X NAVD 1988 Dother/Source:			
Datum used for building elevations must be the same as that used for the BFE.		Oh a shath a magaziramant usad	
20 COMMAND STATES STATE		Check the measurement used.  [X] feet	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	24 4	X feet meters	
b) Top of the next higher floor —	N/A		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A.	X feet meters meters	
d) Attached garage (top of slab) —	23 6	X feet _ meters	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)			
f) Lowest adjacent (finished) grade next to building (LAG) —	13. 2	X feet meters	
g) Highest adjacent (finished) grade next to building (HAG)	14. 1	x feet meters	
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</li> </ul>	14. 1	X feet  meters	
SECTION D – SURVEYOR, ENGINEER, OR ARCHIT			
This certification is to be signed and sealed by a land surveyor, engineer, or architect I certify that the information on this Certificate represents my best efforts to interpret statement may be punishable by fine or imprisonment under 18 U.S. Code, Section	l life uala availe	ible. I anderstand that any lates	
Were latitude and longitude in Section A provided by a licensed land surveyor?	¥Yes □No	Check here if attachments.	
Certifier's Name License Number			
JASON P. CHINICHE P.E. 19732		SON P. C.	
Title PROJECT MANAGER		CENSED PROPERTY OF	
Company Name JAMES J. CHINICHE, PA, INC.		Seal Here	
Address 412 HWY. 90, SUITE 2		19732	
I City	IP Code 9520	MISSISSIFF	
1 Similature // . /	elephone 228) 464-6755		
Copy all pages of this Elevation Certificate and all attachments for (1) community official	al, (2) insurance	agent/company, and (3) building owner.	
Comments (including type of equipment and location, per C2(e), if applicable)  NOTE: The description in A3. above is for information only & not to certify the building in section B4. Recommend verification of (BFE) by local building official. The flowner is responsible for coordinating this certificate with Contractor and/or Building Section C2.e) equipment is an A/C condenser on elevated platform.	ing location. The	e Base Flood Elevation (BFE) is per termined by graphic plotting only.	

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMP	ORTANT: In these spaces, copy the correspond	FOR INSURAN	ICE COMPANY USE		
Buil	ding Street Address (including Apt., Unit, Suite, ar	Policy Number			
201	FARRAR STREET				
City		State	ZIP Code	Company NAIC	Number
WA	VELAND	Mississippi	39576		
	SECTION E – BUILDING E FOR ZON	LEVATION INFORM NE AO AND ZONE A	IATION (SURVEY N (WITHOUT BFE)	OT REQUIRED)	
com	Zones AO and A (without BFE), complete Items Enplete Sections A, B,and C. For Items E1–E4, use er meters.	natural grade, if avail	able. Check the meas	surement used. III Pi	derito Kico orily,
E1.	Provide elevation information for the following an the highest adjacent grade (HAG) and the lowest	d check the appropria adjacent grade (LAG	te boxes to show when ).	ether the elevation is	above or below
	<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		X feet m	eters above or	below the HAG.
	<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		X feet m	eters above or	below the LAG.
E2.	For Building Diagrams 6-9 with permanent flood	openings provided in	Section A Items 8 and	d/or 9 (see pages 1-	-2 of Instructions),
	the next higher floor (elevation C2.b in the diagrams) of the building is	and the second s	70000		below the HAG.
E3.	Attached garage (top of slab) is	-	X feet m	eters above or	below the HAG.
E4.	Top of platform of machinery and/or equipment servicing the building is		X feet _ m	eters above or	below the HAG.
E5.	Zone AO only: If no flood depth number is availal floodplain management ordinance? Yes	ble, is the top of the b ☐ No ☐ Unknown	ottom floor elevated in The local official m	n accordance with thus to certify this inform	ne community's nation in Section G.
	SECTION F - PROPERTY OV	VNER (OR OWNER'S	REPRESENTATIVE	) CERTIFICATION	
The	property owner or owner's authorized represental number issued BFE) or Zone AO must sign here.	tivo who completes S	ections A B and F fo	r Zone A (without a	FEMA-issued or of my knowledge.
Pro	perty Owner or Owner's Authorized Representativ	re's Name			
Add	iress	City		State	ZIP Code
				Talashana	
Sig	nature	Dat	е	Telephone	
Cor	nments				
				☐ Check	here if attachments.

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St. 201 FARRAR STREET							
City WAVELAND	State ZIP Code Mississippi 39576	Company NAIC Number					
SECTIO	ON G - COMMUNITY INFORMATION (OPTIC	DNAL)					
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	dinance to administer the community's floodp Certificate. Complete the applicable item(s) a ter meters.	lain management ordinance can complete and sign below. Check the measurement					
The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)							
or Zone AO.	on E for a building located in Zone A (without						
G3. The following information (Items G4-	G10) is provided for community floodplain ma						
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued					
G7. This permit has been issued for:	New Construction Substantial Improven	nent					
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet meters Datum					
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet meters Datum					
G10. Community's design flood elevation:		feet meters Datum					
Local Official's Name	Title						
Community Name	Telephone						
Signature	Date						
Comments (including type of equipment and lo	cation, per C2(e), if applicable)						
		Check here if attachments.					

# BUILDING PHOTOGRAPHS

# **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE	000 111011 4011		
IMPORTANT: In these spaces, copy t	he corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt. 201 FARRAR STREET	Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City	State Mississippi	ZIP Code 39576	Company NAIC Number
WAVELAND	Mississiphi	000.0	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption 05/30/2017 FRONT VIEW (FELL ST.)



# WAVELAND

CERTIFICATE OF COMPLETION

City, State Zip **Building Address** Issued to: 201 FARRAR LN JACQUELINE CRANE

WAVELAND, MS 39576

5/26/2017 Expires:

END OF OCCUPANCY

Security ID:

Certificate No. C02246

Permit No.

Comments:

POST IN A CONSPICUOUS PLACE

Building Official

### U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

# **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration	Date:	July	31,	2015

						- F				
		SEC	TION A	- PROPE	RTY INF	ORMA	TION	FOR IN	SURANCE COMPAN	NY USE
A1. Building Owner's Nam	ne Jackey Cran	14057	7-Final					Policy N	lumber:	
A2. Building Street Addres 201 Farrar Lane	ss (including Apt.	, Unit, Suite, and/or	Bldg. No.	.) or P.O. R	oute and	Box No.	***************************************	Compa	ny NAIC Number:	
City Waveland			5	State ms	ZIP C	ode 395	76-4036			
A3. Property Description ( Lot 42E Waveland 3 <sup>rd</sup>	Lot and Block Nu .Ward	mbers, Tax Parcel 162J-0-10-		Legal Desc	ription, et	c.)				
A4. Building Use (e.g., Re A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num	nt. <u>N30'16.651</u> L ographs of the bu	ong. <u>W89'22.692</u>						n: 🗌 NA	AD 1927 ⊠ NAD 19	83
A8. For a building with a c a) Square footage of b) Number of permar or enclosure(s) wit c) Total net area of fle d) Engineered flood of	crawlspace or er ent flood opening hin 1.0 foot abov ood openings in	nclosure(s) gs in the crawlspace e adjacent grade	188 2 196	sq ft	i	a) Squa b) Numb within c) Total	Iding with an atta re footage of atta per of permanent in 1.0 foot above a net area of flood neered flood ope	ached gar t flood ope adjacent g openings	rage <u>n/a</u> enings in the attached grade <u>n/a</u>	sq in
	SEC.	TION B - FLOOD	INSUR/	ANCE RA	TE MAP	(FIRM)	INFORMATIO	N		
B1. NFIP Community Name City of Waveland 285262	e & Community N	lumber	B2. Cou Hancock	inty Name k				B3. Stat Ms.	е	
B4. Map/Panel Number 28045C0344D0334	B5. Suffix D	B6. FIRM Index I 10-16-09	Date	Effective/R	RM Panel levised D 16-09	ate	B8. Flood Zone(s) AE		Base Flood Elevation AO, use base flood do 20	
Is the building located Designation Date:		N C – BUILDING	C	BRS	☐ OPA				☐ Yes        No	
Building elevations are *     *A new Elevation Certification       Elevations – Zones A1-below according to the Benchmark Utilized: GP Indicate elevation datum Datum used for building	cate will be requi A30, AE, AH, A ( puilding diagram S NGS Opus So n used for the ele	with BFE), VE, V1– specified in Item A7 lution vations in items a) t	on of the I V30, V (w In Puerto Vertica through h)	building is on th BFE), A o Rico only, al Datum: <u>I</u> below. □	complete. R, AR/A, enter me NAVD 19	AR/AE, / eters. 88 GEO	ID 12A	AH, AR/A		C2.a-h
				-			Check		surement used.	
<ul> <li>a) Top of bottom floor (in</li> <li>b) Top of the next highe</li> </ul>		nt, crawispace, or e	nclosure f	loor)		14.88 24.32			☐ meters ☐ meters	
c) Bottom of the lowest d) Attached garage (top e) Lowest elevation of m	horizontal structu of slab)					n/a. n/a. 24.05		☐ feet ☐ feet ☐ feet	meters meters meters	
(Describe type of equ f) Lowest adjacent (finis g) Highest adjacent (finis	ipment and locat hed) grade next	ion in Comments) to building (LAG)	Junung			13.7 14.2		⊠ feet ⊠ feet	meters meters meters	
h) Lowest adjacent grad	e at lowest eleva	tion of deck or stairs	s, includin	g structural	support			feet	meters	
	SECTIO	N D - SURVEYO	R, ENGI	NEER, OI	RARCH	ITECT	CERTIFICATIO	N		entantino (missi antino biso antino a
This certification is to be sign formation. I certify that the understand that any false s	information on t	his Certificate repres	sents my i	best efforts	to interpi	et the da	ıta available.	ion	A R. C.	
<ul><li>☐ Check here if comment</li><li>☐ Check here if attachme</li></ul>		n back of form.		itude and lo		n Section  ⊠ Yes	A provided by a		1/2//	/w
	****		ilicerised				<del></del>		NO 1653	
Certifier's Name JAMES R.	ULAKKE	Company Name	ID CLAF		ense Num	wer PS-	1003		3 C/30	1
Title PRINCIPAL	16	City GULFORT	J.K. CLAF			710.0-	do 20502		Water Stand	C
Address P.O. BOX 4106	1/1 //1				te MS		de 39502		*OFMES	137
ignature	11/1/10	Date 6-30-14		Tele	ephone 2	228-868-	1121		0.04	

**ELEVATION CERTIFICATE**, page 2 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 201 Farrar Lane State Ms ZIP Code 39576-4036 Company NAIC Number: City Waveland SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. Comments This Elevation Certificate includes recent addition. Benchmark by. NGS Opus Solution Report File: log0627q.tps OP1404134867301,date June 30,2014. C2a: 14.88ft is enclosed area. Slab under building is 14.51ft.C2b: Original building 24.32ft, Addition 24.38ft. C2e: 24.05ft. A/C pad center of west face of building.C2h:13.6ft. is landing front stairway. Signature Date 6-30-14 SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is ☐ feet ☐ meters ☐ above or ☐ below the HAG. ☐ feet ☐ meters ☐ above or ☐ below the LAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is ☐ feet ☐ meters ☐ above or ☐ below the HAG. ☐ feet ☐ meters ☐ above or ☐ below the HAG. E3. Attached garage (top of slab) is \_ \_ ☐ feet ☐ meters ☐ above or ☐ below the HAG. E4. Top of platform of machinery and/or equipment servicing the building is \_ Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G. SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. Property Owner's or Owner's Authorized Representative's Name City State ZIP Code Address Signature Date Telephone Comments Check here if attachments. SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. G2.  $\Box$ The following information (Items G4-G10) is provided for community floodplain management purposes. G6. Date Certificate Of Compliance/Occupancy Issued G4. Permit Number G5. Date Permit Issued Substantial Improvement ☐ New Construction G7. This permit has been issued for: G8. Elevation of as-built lowest floor (including basement) of the building: ☐ feet meters Datum G9. BFE or (in Zone AO) depth of flooding at the building site: ☐ meters feet Datum G10. Community's design flood elevation: ☐ feet ☐ meters Datum \_\_\_

Title

Date

Telephone

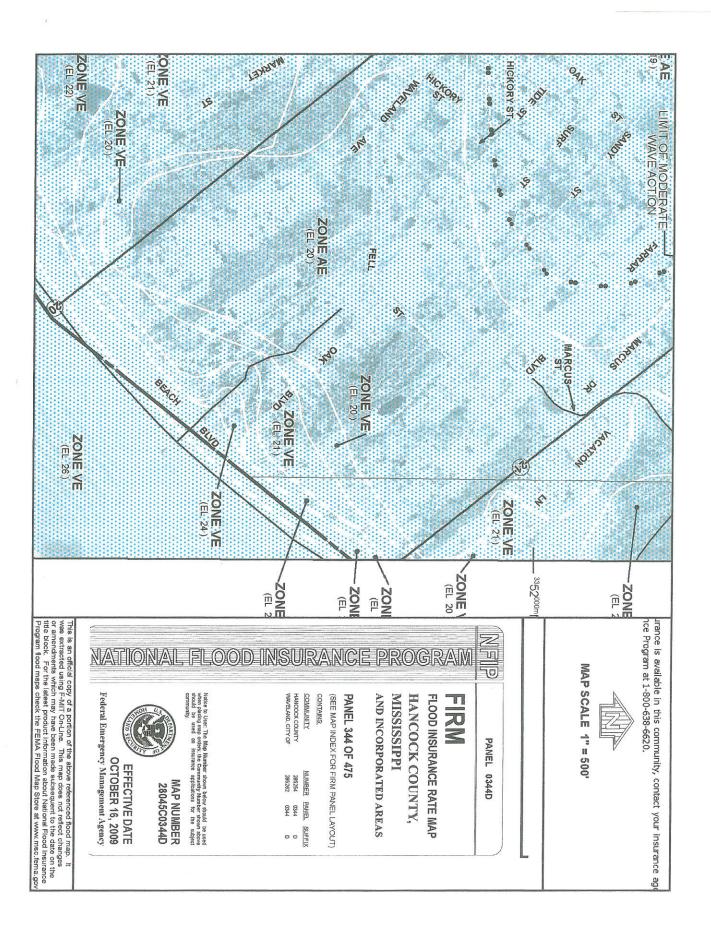
Check here if attachments.

Local Official's Name

Community Name

Signature

Comments



Subject: OPUS solution: log0627q.tps OP1404134867301

opus (opus@ngs.noaa.gov) From:

clarkejamesrasso@bellsouth.net; To:

Monday, June 30, 2014 8:28 AM Date:

FILE: log0627q.tps OP1404134867301

# NGS OPUS SOLUTION REPORT

All computed coordinate accuracies are listed as peak-to-peak values. For additional information: http://www.ngs.noaa.gov/OPUS/about.jsp#accuracy

USER: clarkejamesrasso@bellsouth.net

DATE: June 30, 2014

RINEX FILE: log0178q.140

TIME: 13:28:16 UTC

SOFTWARE: page5 1209.04 master53.pl 022814 START: 2014/06/27 16:54:00

EPHEMERIS: igr17985.eph [rapid]

STOP: 2014/06/27 19:31:00

NAV FILE: brdc1780.14n

OBS USED: 8563 / 8899 : 96%

ANT NAME: TPSGR3

# FIXED AMB: 44 / 51 : 86%

ARP HEIGHT: 01.831

OVERALL RMS: 0.017(m)

REF FRAME: NAD 83(2011)(EPOCH:2010.0000)

IGS08 (EPOCH:2014.4870)

59848.656(m) 0.003(m) X:

59847.882(m) 0.003(m)

Y: -5512462.864(m) 0.001(m)

-5512461.365(m) 0.001(m)

Z: 3196970.887(m) 0.009(m) 3196970.712(m) 0.009(m)

LAT: 30 16 39.20421

0.007(m)

NONE

30 16 39.22398 0.007(m)

ELON: 270 37 19.32328

0.003(m)

270 37 19.29493

0.003(m)

W LON: 89 22 40.67672

0.003(m)

89 22 40.70507

0.003(m)

EL HGT:

-24.746(m) 0.005(m)

-23.356(m) 0.005(m)

ORTHO HGT:

3.872(m) 0.021(m) [NAVD88 (Computed using GEOID12A)]

STATE PLANE COORDINATES UTM COORDINATES

UTM (Zone 16)

SPC (2301 MS E)

Northing (Y) [meters] 3351935.665

Easting (X) [meters]

271259.103

86313.874 247599.523

Convergence [degrees] -1.19946649

-0.27460415

6/30/2014

Point Scale

1.00024555

0.99998386

Combined Factor

1.00024922

0.99998753

US NATIONAL GRID DESIGNATOR: 16RBU7125951935(NAD 83)

# BASE STATIONS USED

 PID
 DESIGNATION
 LATITUDE
 LONGITUDE DISTANCE(m)

 DO8512 MARY MARY\_289 LSU C4G CORS ARP
 N300122.709 W0895446.801 58765.2

 DG6568 COVG COVINGTON CORS ARP
 N302833.269 W0900543.922 72392.1

 DN8737 MSIN INFINITY CENTER CORS ARP
 N301842.205 W0893615.507 22101.0

NEAREST NGS PUBLISHED CONTROL POINT

AH8407 874 7766 B TIDAL

N301659.387 W0892204.659 1146.5

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

## **ELEVATION CERTIFICATE**, page 3

# **Building Photographs**

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No 201 Farrar Lane	Policy Number:		
City Waveland	State Ms	ZIP Code 39576-4036	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



FRONT 6-27-14



REAR 6-27-14 YELLOW IS ADDITION

# **ELEVATION CERTIFICATE**, page 4

# **Building Photographs**

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number:

City Waveland

State Ms ZIP Code 39576-4036

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



East 6-27-14 YELLOW IS ADDITION



WEST 6-27-14